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**From : Winston Hsu, Registration No. 41,526**

**Serial No.: 09/683,364**

**Attorney Docket No.: NAUP0409USA**

**Subject: Response to the Office Action mailed on 03/08/2005**

**Total Pages: 12 pages (including cover page)**

**Winston Hsu 06/06/2005**

**NAUP0409USA0\_A2\_4**

PTO/SB/07 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

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Telephone Number

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(1) Transmittal Form	1 PAGE
(2) Fee Transmittal	1 PAGE
(3) Response to the Office Action	8 PAGES

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PTO/SB/21 (09-04)

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TRANSMITTAL  
FORM

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Total Number of Pages in This Submission

10

Application Number	09/683,364
Filing Date	12/19/2001
First Named Inventor	Kuang-Yeh Chang
Art Unit	2815
Examiner Name	WARREN, MATTHEW E

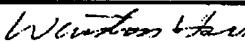
Attorney Docket Number

NAUP0409USA

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	North America Intellectual Property Corporation		
Signature			
Printed name	Winston Hsu		
Date	06/06/2005	Reg. No.	41,526

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name			

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PTO/SB/17 (12-04)

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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete If Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Application Number</b> 09/683,364 <b>Filing Date</b> 12/19/2001 <b>First Named Inventor</b> Kuang-Yeh Chang <b>Examiner Name</b> WARREN, MATTHEW E <b>Art Unit</b> 2815 <b>Attorney Docket No.</b> NAUP0409USA	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 0.00)	

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-3105 Deposit Account Name: North America Intellectual Property Corp.				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

**Small Entity****Fee (\$)****Fee (\$)**

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

**Fee (\$)****Fee (\$)**

Multiple dependent claims

**Fee (\$)****Fee (\$)**

360 180

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) \_\_\_\_\_ \_\_\_\_\_

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

Fees Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

**SUBMITTED BY**

Signature	Winston Hsu	Registration No. 41,526	Telephone 302-729-1562
Name (Print/Type)	Winston Hsu		
	Date 06/06/2005		

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JUN 06 2005

**A MICRODISPLAY PIXEL CELL AND METHOD OF MAKING IT**

Appl. No.	:	09/683,364	Confirmation No.	3924
Applicant	:	Kuang-Yeh Chang, Kuo-Yun Kuo		
Filed	:	December 19, 2001		
TC/A.U.	:	2815		
Examiner	:	Matthew E. Warren		
Docket No.	:	NAUP0409USA0		
Customer No.	:	27765		

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

**AMENDMENT**

Sir:

5 In response to the Office action of March 08, 2005, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.